

DEPARTMENT OF JUSTICE
Office of Consumer Protection
2225 11th Ave.
PO Box 200151
Helena, MT 59620-0151
Phone: (406) 444-4500
(800) 481-6896

Nonprofit Organization Complaint

To submit your complaint:

1. Fill out this form as completely as possible and mail the **original complaint form** (not a copy) to the Office of Consumer Protection. Keep a copy for your records.
2. Enclose photocopies of all documents relevant to your complaint. **Do not send originals of these documents.**

Name of Organization: _____

Any other names it may use:

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____

Nature of Complaint (Please mark all that apply):

- ☐ Directors/officers/persons are using charitable assets for personal gain
- ☐ Organization is engaged in deceptive or improper fundraising practices
- ☐ Organization is engaged in commercial, for-profit business activities
- ☐ Income/assets are being used to support illegal activities
- ☐ Organization refused to disclose or provide a copy of IRS Form 990 or other corporate records
- ☐ Other (describe):

If you believe theft or embezzlement has occurred, contact your county attorney regarding criminal prosecution.

Is the problem being addressed from within the organization or by law enforcement?

Yes() No ()

Have you contacted the party that is subject to this complaint?

Yes() No ()

If this complaint regards misrepresentations in a solicitation for a donation, attach the written solicitation or write down everything you can remember about the call script. Attach additional pages, if necessary.

Please describe the details of the violation. Attach extra pages and any supporting documentation [photocopies only].

List the names and contact information, if known, of all persons you believe may be responsible for this problem.

State the relief you desire.

Please attach any supporting evidence regarding your complaint [photocopies only – do not send originals].

NOTE: This office cannot act as your attorney or provide you with legal advice. If you desire legal advice, we suggest you contact a private attorney to handle your complaint.

Your Name: _____

Current Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: Home: _____ Business: _____

I understand that:

- the State has full discretion concerning its acceptance, investigation and resolution of this complaint;
- the State cannot act as my attorney; and
- no attorney/client relationship is established as a result of any activities undertaken on my behalf.

I hereby:

- affirm that this complaint is true and correct to the best of my knowledge.

DATE: _____ SIGNED: _____